

Victims of Crime Compensation Office
Third Party Disclosure Consent Form - Agency

By executing this Third Party Disclosure Consent Form, I hereby grant the Victims of Crime Compensation Office express authorization to discuss any and all aspects of **claim number** _____, with the below listed agency:

Name of Agency (Third Party)

Mailing address

Agency email address

Agency phone number

I understand that I may revoke this consent to disclose at any time by forwarding a written request to the VCCO advising the office that I no longer wish the above referenced agency to act on my behalf.

Name (Please print)

Date

Signature